



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUL 27 PM 1:20

1. The name of the limited liability company is:

DCL Solutions, LLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

28 Lost Valley Rd., Salmon, ID 83467

(Street Address)

PO Box 1375, Salmon, ID 83467

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

David C. Logan

(Name)

28 Lost Valley Rd., Salmon, ID 83467

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

David C. Logan

28 Lost Valley Rd., Salmon, ID 83467

5. Mailing address for future correspondence (annual report notices):

PO Box 1375, Salmon, ID 83467

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature David C. Logan

Typed Name: David C. Logan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/27/2012 05:00
CK: 2644 CT: 101782 BH: 1333761
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